

Such ideological manipulation is most likely when objective evaluation is incomplete. Manipulation is sometimes based on the invalid move from "Xness in life is a good reason to die" to "Xness in life makes life not worth living". Extreme pain is a reason to die, but it does not necessarily make life not worth living. Other features of that life may provide stronger reasons to live. Severe disability is a good reason to die; but it does not necessarily make life not worth living.

Evaluation of the quality of life of a competent person's life is not relative to that individual's own judgments of the worth of that life. It is in this sense not subjective. It is in this sense not objective. Battin displays loyalties to both camps, though her view is complex. I have not addressed Battin's approach to valuing the lives of non-competent patients ("Fiction as forecast: euthanasia in Alzheimer's disease?"). That also seems to me problematic. My hope is that Battin will clarify her approach to valuing life in the future.

### Conclusion

A book that fails to stimulate discussion is unlikely to be saying anything significant. This book says much that is significant, and there is much more to praise than to criticise. It is a fine example of scholarship, a rich resource of historical and contemporary examples, and US case law. For the second time in a decade and a half, contemporary bioethics owes a debt to Margaret Pabst Battin.

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## Concepts and Measurement of Quality of Life in Health Care

Edited by L Nordenfelt, Dordrecht, Kluwer Academic Publishers, 1994, 283 pages, £58.50.

In the introductory essay to this edited collection Lennart Nordenfelt suggests a number of questions, amongst which are the following: what is the purpose of measuring quality of life?; is its aim to determine the extent to which resources should be allocated, for example, to health care in general,

or to some patients rather than others?; or is it instead to be used to measure the relative success of different medical interventions?; given the relevant aim(s), which aspects of individuals' lives bear upon their quality of life?; and, finally, how should the values and tastes of individuals, as patients or voters, figure in the selection of those aspects? Such questions have considerable philosophical interest, and should be matters of urgent political concern. Each contribution to the collection contains views relevant to some or all of these questions. They are, without exception, thoughtful and serious discussions, though philosophically informed readers may find much of the territory they traverse familiar.

The volume is divided into three sections, the first of which addresses the concept of quality of life in general, and contains essays by E Ostefeld, P Catorini and R Mordacci, P Liss, T Moum and S Naess, as well as the editor himself. The second begins with a sociological essay, by M Bury, suggesting reasons why quality of life is now so widely discussed amongst students of health. It is followed by papers from A Fagot-Largeault, P Sandoe and K Kappel, and A Musschenga. These examine specific ethical problems arising for judgments about quality of life in the context of health care, and include one particularly illuminating account of how changes in an individual's preferences might bear upon changes in her health status. The third section contains papers by R Fitzpatrick and G Albrecht, S Bjork and P Roos, A Aggermaes and M Kajandi, and focuses on problems of measurement. These are not, however, merely technical investigations, but include, amongst other things, a very helpful discussion of the moral problems involved in extending quality of life measurement to various decision-making contexts in health care.

One of the collection's prominent themes concerns the extent to which standards of interpersonal comparison should depart from the objective dimension of individuals' lives, concerning their biological functioning and basic capabilities, and encompass subjective aspects, such as the extent to which their lives are successful according to their own lights. Given the centrality of this problem, more reference to post-Rawlsian criticisms of so-called welfarist metrics, which focus on preference satisfaction, would have been welcome. For many contemporary political philosophers

argue that whilst subjective standards are appealing for liberal reasons (since they lessen the need to rely on controversial judgments about what goods individuals should care about) they may be deficient for other reasons; for example, because of the existence of malformed or expensive tastes.

The absence of reference to such discussions is indicative of a more general feature of the collection, namely the extent to which it tends to treat judgments of health-related quality of life in a normative vacuum. Although references to utilitarianism are quite widespread, it would have been desirable to explore the way in which different conceptions of quality of life might be embedded in distinct moral and political theories concerning the just distribution of health care. That omission is striking given that, as noted, Nordenfelt himself suggests that one of the reasons to measure quality of life is concerned with resource allocation. Readers interested in those issues would do better to consult the very useful collection by Nussbaum and Sen.<sup>1</sup>

### References

- 1 Nussbaum MC, Sen AK. *The quality of life*. New York: Clarendon Press, 1993.

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## Primum non Nocere Today: a Symposium on Paediatric Bioethics

Edited by G Roberto Burgio and John D Lantos, Amsterdam, Elsevier Science BV, 1994, 175 pages, US\$ 142.75, 250 DFL

This book is an edited record of the International Symposium on Paediatric Bioethics held at Pavia in May 1994. Eleven (including paediatricians, an academic lawyer, an anthropologist and three bioethicists), of the main contributors were from Italy. Two contributors came from Chicago, and one each from France, Germany, the Netherlands and the United Kingdom. The proceedings make a stimulating and enjoyable if rather expensive read.